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**State of Connecticut**  
**Office of Health Care Access**  
**CON Determination Form**  
**Form 2020**

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. PETITIONER INFORMATION**

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Leonard Guercia, Jr.	
Doing Business As	Director, Office of Public Health Preparedness- Department of Public Health	
Name of Parent Corporation		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	410 Capitol Avenue Hartford, Conn. 06134	
Petitioner type (e.g., P for profit and NP for Not for Profit)	NP	
Name of Contact person, including title	Mark Tallo, Legal Council, Office of Public Health Preparedness	
Contact person's street mailing address	410 Capitol Avenue Hartford, Conn. 06134	
Contact person's phone, fax and e-mail address	(860) 509-7121 phone (860) 509-7987 fax <a href="mailto:Mark.Tallo@po.state.ct.us">Mark.Tallo@po.state.ct.us</a>	

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:  
*Purchase, equip and operate a 100 bed mobile hospital to enhance the state's surge capacity during an unanticipated emergency event or infectious disease outbreak. In its entirety, the hospital will have 30 intensive care, 10 step-down and 60 acute and ambulatory beds. The facility will also have the capacity to be deployed in 25 bed increments to provide triage and treatment anywhere in the state in the event of a mass casualty, to support an acute care hospital after catastrophic structural/mechanical failure or to support a mass gathering event.*
- b. Location of proposal (Town including street address):  
*Facility components will be stored in Niantic, Connecticut, and Hartford, CT. If in use as an isolation facility, the 100 bed structure would be set up in Niantic, on the grounds of Camp Rell. Otherwise, facility could be located anywhere in the state depending upon the need.*
- c. List all the municipalities this project is intended to serve:  
*Entire State of Connecticut. Any municipality or hospital depending upon need.*
- d. Estimated starting date for the project:  
*Facility could be deployable by May 2005.*
- e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E	P		E	P		E	P	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Acute Care Hospital	<input type="checkbox"/>	<input type="checkbox"/>	Imaging Center	<input type="checkbox"/>	<input type="checkbox"/>	Cancer Center
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral Health Provider	<input type="checkbox"/>	<input type="checkbox"/>	Ambulatory Surgery Center	<input type="checkbox"/>	<input type="checkbox"/>	Primary Care Clinic
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hospital Affiliate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (specify):_Emergency Treatment Center			

## SECTION III. EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure/Cost: *\$8.4 million*
- b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	\$
Medical Equipment (Purchase)	Approx \$3 million
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	Approx \$5 million

Sales Tax	
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$</b>
Fair Market Value of Leased Equipment	
<b>Total Capital Cost</b>	<b>\$</b>

**Major Medical and/or imaging equipment acquisition:**

**Note:** All items are anticipated purchases. DPH has no vendor contracts in place at this time.

Equipment Type	Name	Model	Number of Units	Cost per unit
Battery Support System for Lifepak12			4	1,600
Bed Adjust Attend-Op Hosp Folding			100	1,400
Converter, Liquid Ox 10 Liter			40	18,200
Defibrill/Monitor Lifepak 12 w/Pacemaker AED SPO2 & 12 Lead			4	25,000
Fluid Warming System			6	20,000
I-Stat Blood Analyzer			8	5,800
Medical Filmless Imaging System			2	113,000
Oximeter Pulse 110/220Vac 50/60HZ F/Fixed Wing Only			20	1,000
Oxygen Concentrator			8	2,500
Patient Monitor Vital Signs ProPac			40	15,000
Pump Intravenous Infusion 3-Channel Volumetric Portable			40	5,000
Refrigerator Mech Blood Bank 5.4CF 24*25*36 holds 60 Bags			4	3,000
Refrigerator Mech Biologicals 115 Volt 50-60HZ AC			4	2,800
Sink Field 115/230V 50/60 HZ AC			40	3,900
Sterilizer Surg Dressing Instrument and Dressing 120/240V			4	6,200

Press/Steam				
Stretcher Folding w/Pad			8	1,100
Ultrasound Portable Sonosite 180 Plus			2	21,000
Ventilator Volume Ptbl 8.870*11.5 Uni- Vent 120/220V AC			40	8,500

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source:

- ☐ Operating Funds
 ☐ Lease Financing
 ☐ Conventional Loan  
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding  
☐ Funded Depreciation
 ☒ Other (specify): *State Bond Funds as Identified in Section 13(b) of Special Act No. 04-2 from the May 2004 Special Session of the Connecticut General Assembly – **An Act Authorizing Bonds of the State for Capital Improvements and Other Purposes***

#### SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

#### **Section IV. Proposal Description**

The State of Connecticut is required to develop and implement a surge capacity plan that could accommodate at least 1,700 patients statewide under the Centers for Disease Control Public Health *Preparedness and Response for Bioterrorism* grant. At the same time, as part of public health preparedness planning activities, Connecticut was required by Health and Human Services to identify a "Type C" isolation facility where smallpox patients would be treated if it became necessary. This 100 bed mobile hospital will both enhance surge capacity and provide a more-permanent structure to serve as an isolation facility should one become necessary.

The services being contemplated depend upon the use of the facility. The facility could support infectious disease outbreak by providing services comparable to those in any acute care hospital or provide triage and treatment in the event of a mass casualty event or support a mass gathering event.

DPH is currently exploring options for licensure of this facility. Options range from no licensure to independent licensure to extension of another facility's license. If the facility were used to support an acute care hospital after catastrophic structural/mechanical failure, the operation would come under that hospital's license.

There is a possibility that there could be a facility fee for use in mass gathering events or loan to a hospital in the event of a catastrophic structural/mechanical failure.

The target population is the entire state of Connecticut.

It is envisioned that short term staffing needs will be provided by Connecticut's Disaster Medical Assistance Team and longer term the staffing will be provided through loaned personnel from the 31 acute care hospitals state-wide.

Billing options are still being explored and will depend upon decisions related to licensure and use of the facility. It is anticipated the state would seek reimbursement for services provided.

**SECTION V. AFFIDAVIT**

Applicant: Leonard Guercia, Jr.

Project Title: State of Connecticut Mobile Hospital

I, Leonard Guercia, Jr., Director, Office of Public Health Preparedness, Department of Public Health

(Name)

(Position – CEO or CFO)

of Hartford, Connecticut, being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge, and that the State of Connecticut Mobile Hospital complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.



Signature

11/10/04

Date

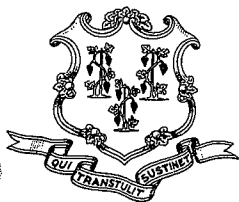
Subscribed and sworn to before me on 10 NOV 04



410209

Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_



M. JODI RELL  
GOVERNOR

# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

November 16, 2004

Mark Tallo  
Legal Council  
Office of Public Health Preparedness  
Department of Public Health  
410 Capitol Avenue  
Hartford, CT 06134

RE: Certificate of Need Determination; Report Number 04-30398-DTR  
State of Connecticut, Department of Public Health  
Establishment of a Mobile 100 Bed Acute Care Hospital

Dear Mr. Tallo:

On November 12, 2004, the Office of Health Care Access ("OHCA") received your CON Determination request on behalf of State of Connecticut, Department of Public Health for the establishment of a mobile 100 bed acute care hospital to be stored on the grounds of Camp Rell in Niantic, Connecticut, at an approximate cost of \$8,000,000.

OHCA has reviewed the information contained in the request and makes the following findings:

1. Department of Public Health ("DPH") is a State of Connecticut Agency located at 410 Capitol Avenue, Hartford Connecticut.
2. The State of Connecticut is required to develop and implement a surge capacity plan that could accommodate at least 1,700 patients statewide under the Center for Disease Control Public Health Preparedness and Response for Bioterrorism grant.
3. Consequently, DPH as part of its preparedness planning activities, Connecticut was required by Health and Human Services to identify a "Type C" isolation facility where smallpox patients would be treated if it became necessary.
4. DPH proposes to purchase, equip and operate a 100 bed mobile hospital to enhance the state's surge capacity during an unanticipated emergency event or infectious disease outbreak.

*An Equal Opportunity Employer*

410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308

Telephone: (860) 418-7001 • Toll free (800) 797-9688

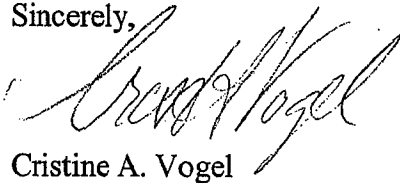
Fax: (860) 418-7053

5. The proposed mobile hospital will have 30 intensive care, 10 step-down and 60 acute and ambulatory beds. The facility will also have the capacity to be deployed in 25 bed increments to provide triage and treatment anywhere in the state in the event of a mass casualty, to support an acute care hospital after catastrophic structural/mechanical failure or to support a mass gathering event.
6. The services to be offered will depend on the needed use of the facility. The facility could support infectious disease outbreak by providing services comparable to those in any acute care hospital or provide triage and treatment in the event of a mass casualty event or support a mass gathering event.
7. The proposed mobile facility components will be stored on the grounds of Camp Rell in Niantic, Connecticut.
8. The proposed mobile facility is intended to serve the entire State of Connecticut.
9. The total approximate cost of the proposed mobile facility is \$8,000,000. Of the amount approximately \$3,000,000 will be use for the purchase of medical equipment and the remaining amount of approximately of \$5,000,000 will be used for the purchase of non-medical equipment.
10. Pursuant to Section 19a-630, C.G.S. ("Connecticut General Statutes") a State health care facility is defined as "a hospital or other such facility or institution operated by the state providing services which are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act."
11. Pursuant to Section 19a-638 of the Connecticut General Statutes ("C.G.S."), the Office of Health Care Access ("OHCA") may hold a hearing whenever a health care facility or institution proposes to introduce a new or additional function or service, or terminate a service.
12. Pursuant to Section 19a-639, C.G.S., OHCA is required to hold a hearing whenever any health care facility or institution proposes a capital expenditure exceeding one million dollars, the acquisition of major medical equipment having a cost exceeding four hundred thousand dollars, including the leasing of equipment or a facility, or whenever any person proposes a capital expenditure to acquire imaging equipment having a cost exceeding four hundred thousand dollars, including the leasing of such equipment.

According to the above definitions, the Department of Public Health ("DPH") is a state health care facility for certificate of need purposes. Further, your request to establish a mobile 100 bed acute care hospital involves establishment of a new service, as well as a capital expenditure over \$1,000,000, therefore, pursuant to Sections 19a-638 and 19a-639 C.G.S. a certificate of need is required for your proposal. A CON application will be mailed to your attention under a separate cover..

If you have any questions regarding the above, please contact Steven Lazarus, Associate Health Care Analyst at (860) 418-7012.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cristine A. Vogel".

Cristine A. Vogel  
Commissioner

CAV:sl

Copy: Sandra C. Bauer, Division of Community Based Regulation, DPH